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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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MAINE ETHICS COMMISSION 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGIS	SLATOR INFORMATION			A LONG THE STREET
Name					
ROBERT N. EATON				Member of:	
failing address	Company of the Compan	and the state of t	The second secon	House	☐ Sena
P.O. BOX 264				District 34	
ity, zip code	-	The second secon		Phone	
SULLIVAN, 04664				422-39	Q 1. F
			J		
PART 1. INCOM	1E DERIV	/ED FROM EMPLOYMENT E	BY ANOT	HER	
st the name and address of each emploincipal type of economic activity of each e	yer from	whom you received comper	sation of	\$1,000 or mo	ore Specific
incipal type of economic activity of each e	mployer.			+ · , 0 0 0 1110	we. Obecity
Name of Employer	The state of the s	Address		Principal Typ	oe of Economi
		and a supplication of the		Activity o	of Employer
DOWNERST FAMILY YMCA	PA Br	Y 35 CH & COM	101 Electronic		•
	I I O PC	X 25 ELLSWORTH, O	9 4 6QS :	HEALTH, F.	<i>Legu</i>
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	14-15-24 AV. +	***************************************	: 0		<u> </u>
PARI Z. INC	UME DEI Legislar	RIVED FROM SELF-EMPLO ors who are self-employed.)	YMENT	ik (1746-16) gelmank. Byrki (di albendi dajen)	
List the name and address of your bust	incoo if -				
ved income. If associated with a partner as of economic activity of that entity.	ship, firm	, professional association, or	r similar t	Julic activity fr Dusiness entity	om which y v. list the ma
	Special States				, , , , ,
Name and Address of Business Entity		Major Areas of Economic Ac	tivity	Major Areas	
		(self)		Acti (partnership, asso	ciation or simila
	The second section is the second			business	s entity)
SS:					
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	EDIVED EDOM SELE EMDI OVMENIT
The state of the s	ERIVED FROM SELF-EMPLOYMENT ho are self-employed.)
is greater, and specify the principal type of economic activity of the	represents more than 10% of your gross income or \$1,000, whicheve entity or person from whom you derived such income. If this form fessional ethics, specify only the principal type of economic activity
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Wh is the Source of the Income
Name:	
Address:	
Name:	
Address:	14 Lag
(For Legislators who a	AREAS OF PRACTICE are attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list	the major areas of practice of your firm. Major Areas of Practice Major Areas of Practice
Name and Address of Firm	(self) (firm)
Name:	
Address:	
Name:	
Address:	The state of the s
	OURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1,	Z, of 3 of this form. Do not include girls. In form, check the box.
☑ None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name:	in and the second of the secon
Address:	
Name:	THE CONTRACT OF THE CONTRACT O
Address:	
	TABLE LIABILITIES more that you received during the reporting period, and list the major
areas of economic activity of each creditor. Do not list loans from a	a relative. If none, check the box
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	district the state of the state
Address:	
Name:	
Address:	
Control of the contro	ORTABLE GIFTS
List the specific source of each gift of more than \$300. Include gift none, check the box	s with an aggregate value of more than \$300 from a single source.
None	
Name of Source of Gift	Name of Source of Gift 3.
2. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	4.

List the source of any base of the PART 7. REPOR	TABLE H	NOR	ARIA #
accepted for appearances or spe	eches relate	d to yo	ur official duties. If none, check the boy
and harmonic confidence to the containing confidence to the containing of the contai			Medical and service and comment of the service and comments of the service and
Name of Source of Honoraria			Name of Source of Honoraria
THE RESERVE THE PROPERTY OF TH	3.	٠.	and the second s
2.	4.	·	The second secon
PART 9. PERDOCATION	ľ.	productive and	
List each executive branch agency before which you represented the box.	Or assisted	STAT	E AGENCIES
the box. None	OI GOSISIEC	omers	for compensation of any amount. If none, o
Name of Agency	, and the same of		
1.		and the second second	Name of Agency
	3.		
2.	4.		
PART 9. BUSINESS W	ITHSTATI	- Alei	NOICS
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır immediate	family	sold goods or services with a value in
None None	жина жана жана жана жана жана жана жана	-	Villi a value in exces
Name of Agency		and desired the second	
	-	de la companya de la	Name of Agency
	3.	Prod Daniel (MIDaniel (Mark	
	4.		
PART 10. INCOME RECEIVED BY M	EMPERO		Commence and the commence of t
ist the type of economic activity representing each source of income en) during the reporting period and the kind of income represented.	e of \$1,000	or mor	P received by your
or for income received by dependents.	Do not incl	ide gift	 Green by your spouse or dependent ch Circle "S" for income received by spouse
"for income received by dependents. Type of Economic Activity Representing Source of Income Receive	d appr	ide gift ircle opriate	s. Circle "S" for income received by spouse Kind of Income
dependents.	C d appr	ircle opriate	Glide 3 for income received by spouse
Type of Economic Activity Representing Source of Income Receive	C d appr	ircle opriate itter	Kind of Income
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Type of Economic Activity Representing Source of Income Receive HANGER COUNTY CHICOREN'S COUNCIL (DOWNERS HERE) SIGNATU	d appi	ircle oppriate ttter: D D D	Kind of Income WAGE S
Type of Economic Activity Representing Source of Income Receive HANCOCK COUNTY CHICIPEN'S COUNCIL (DOWNERS HERD SIGNATU egislator who willfully fails to file a required statement is subject R.S.A. § 1017-A) intentional filing of a false statement in a Clause Filing.	d appirite S S S S S RE	of \$10	Kind of Income WAGE S per business day until the report is filed
SIGNATU Pagislator who willfully fails to file a required statement is subject. R.S.A. § 1017-A) Intentional filing of a false statement is a Class E-crime. If the ally filed a false statement, it shall refer its findings of fact to the A-commission determines that a Legislator has willfully failed to file egislator shall be programed to the pagislator to the pagislator shall be programed to the pagislator to the pagislator shall be programed to the pagislator to the pagislator shall be programed to the pagislator to the pagislator shall be programed to the pagislator to the pagislator shall be programed to the pagislator to the pagisl	d apprile S S S S S Ct to a fine Commission ttorney Ger e a require	of \$10 n concernal.	Pent or has willfully fled a fall when the report is filed.
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Type of Economic Activity Representing Source of Income Received HANCOCK COUNTY CHICOREN'S COUNCIL (DONNESS HERE) Egislator who willfully fails to file a required statement is subject. R.S.A. § 1017-A) Intentional filing of a false statement is a Class E-crime. If the ally filed a false statement, it shall refer its findings of fact to the A Commission determines that a Legislator has willfully failed to file egislator shall be programed as Legislator has willfully failed to file	d appired S S S S S S Ct to a fine Commission ttorney Ger e a required every ques hall not att	of \$10 n concernal.	Find of Income Kind of Income WAGE S per business day until the report is filed ludes that it appears that a Legislator had ment or has willfully filed a false statement d shall be precluded from voting on any or influence the outcome of any question

Date

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
Part/Section Number	
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